

MHW

**AFFIDAVIT ACCOMPANYING MOTION FOR  
PERMISSION TO APPEAL IN FORMA PAUPERIS**  
United States Court of Appeals  
for the Seventh Circuit

**FILED**

2-4-2008

FEB 4 2008

MB

LOUIS C. SHEPHERD  
90355-025

v. Case No. NONE

P. HARVEY

U.S. DISTRICT COURT  
NORTHERN DISTRICT OF ILL

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

) Appeal from the United States District Court for the  
) Northern District of ILLINOIS

) District Court No. 08 CV 116

) District Court Judge HON. M. KENNEDY

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my ~~CASE~~ appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: [Signature]

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: JAN 31, 2008

My issues on appeal are: 1) MISADMINISTRATION OF MEDICATIONS 2) REFUSAL TO FOLLOW-UP ON POSITIVE MAMMOGRAM 3) REFUSAL TO GIVE ADEQUATE DENTAL CARE 4) REPEATED USE OF SOMEONE ELSE'S MEDICATIONS (GIVEN TO ADMINISTER WRONG MEDS, AND TAKING SATP RECORD TO UIC HOSPITAL ON 1/9/08, 8TH ANNUAL VIOLATIONS

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify): <u>LIWIL CARD</u>	\$ 0	\$	\$ 0	\$
<u>1st/2nd FOUN</u>	\$ 0	\$	\$ 0	\$
<u>5 PAYS</u>	\$ 0	\$	\$ 0	\$
Total monthly income:	\$ 0	\$	\$ 0	\$

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
MOORE AUTOMOTIVE	4120 S. HARRIS	9/11/61	2200.00

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NONE			

4. How much cash do you and your spouse have? \$0  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NONE		0	
		0	
		0	


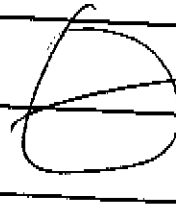
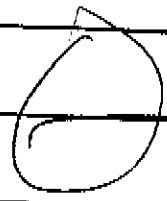
If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
NONE	NOTHING	Make & year: _____ Model: _____ Registration # _____
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: _____	_____	_____
Model: _____	_____	_____
Registration # _____	_____	_____

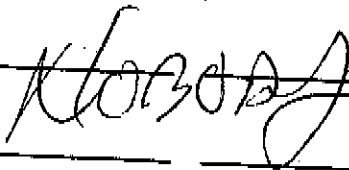
6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money      Amount owed to you      Amount owed to your spouse











		

7. State the persons who rely on you or your spouse for support.

Name      Relationship      Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ 	\$ _____
Are real estate taxes included? [ ] Yes [ ] No		
Is property insurance included? [ ] Yes [ ] No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 	\$ _____
Home maintenance (repairs and upkeep)	\$ 	\$ _____
Food	\$ 	\$ _____
Clothing	\$ 	\$ _____
Laundry and dry-cleaning	\$ 	\$ _____
Medical and dental expenses	\$ 	\$ _____
Transportation (not including motor vehicle expenses)	\$ 	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 	\$ _____
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	\$ 	\$ _____

Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>0</u>	\$ _____
Installment payments	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card (name): _____	\$ <u>0</u>	\$ _____
Department store (name): _____	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detail)	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____
Total monthly expenses:	\$ <u>0</u>	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid or will you be paying an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much? \$ \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[ ] Yes [ ☒ ] No If yes, how much? \$ \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

IN JAIL

13. State the address of your legal residence.

\_\_\_\_\_  
2250 W. ROOSEVELT AVE  
CHICAGO 60608  
\_\_\_\_\_

Your daytime phone number: ( ) \_\_\_\_\_

Your age: 59 Your years of schooling: 18

Your social-security number: 267 78 6549